

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>20</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		09			D	D		20			Y	Y	Y	Y	Y	Y	2016					
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Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>08</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>22</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M		08			D	D		22			Y	Y	Y	Y	Y	Y	2016					
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Purpose of Expenditure Staff Time & Food for Phonebanking; 8/22 - 8/31		Category/Type 24E	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>08</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>22</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2016</td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M		08			D	D		22			Y	Y	Y	Y	Y	Y	2016					
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td>321.49</td></tr></table>	321.49
321.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="width:100%"><tr><td> </td></tr></table>	
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"><tr><td> </td></tr></table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Parise, Joanne, , ,

[Electronically Filed]

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2016					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee		FEC IDENTIFICATION NUMBER ▼ C C00527226	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 20 / 2016	

Full Name of Payee Protecting Choice in California, a project of Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 555 Capitol Mall, Suite 1425		Amount 46.77	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EDT.E.77
Purpose of Expenditure Data	Category/Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016	
Name of Federal Candidate Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 4604.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Protecting Choice in California, a project of Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 555 Capitol Mall, Suite 1425		Amount 420.96	
City Sacramento	State CA	Zip Code 95814	Transaction ID : EDT.E.80
Purpose of Expenditure Data	Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 08 / 22 / 2016	
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 4604.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	467.73
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Parise, Joanne, , ,

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Date

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10 / 13 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2016	

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 400 West 30th Street		Amount 759.42	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.48
Purpose of Expenditure Staff Time & Food for Phonebanking 9/1 - 9/30		Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

Full Name of Payee Planned Parenthood Advocacy Project Los Angeles County		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016	
Mailing Address 400 West 30th Street		Amount 84.38	
City Los Angeles	State CA	Zip Code 90007	Transaction ID : EDT.E.50
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/1 - 9/30		Category/ Type 24A	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	843.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2016	
Mailing Address 1691 The Alameda		Amount 1922.83	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT.E.58
Purpose of Expenditure Staff Time, Phonebanking, Food & Supplies: 9/7 - 9/30		Category/ Type 24E	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2016
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

Full Name of Payee Planned Parenthood Advocates Mar Monte		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2016	
Mailing Address 1691 The Alameda		Amount 213.65	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT.E.61
Purpose of Expenditure Staff Time, Phonebanking, Food & Supplies; 9/7 - 9/30		Category/ Type 24A	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2016
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2136.48
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1075 Camino del Rio South		Amount 490.08	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDT.E.66
Purpose of Expenditure Staff Time & Food for Phonbanking; 9/8 - 9/29		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2016
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

Full Name of Payee Planned Parenthood Action Fund of the Pacific Southwest		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1075 Camino del Rio South		Amount 54.46	
City San Diego	State CA	Zip Code 92108	Transaction ID : EDT.E.67
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/8 - 9/29		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2016
Name of Federal Candidate Heck, Joe, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4604.57	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	544.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									

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Mailing Address P.O. Box 1116		Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>261.48</td></tr></table>													261.48												
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City Concord	State CA	Zip Code 94522	Transaction ID : EDT.E.75																								
Purpose of Expenditure Staff Time & Food for Phonebanking; 9/28 - 9/29		Category/ Type 24E	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>0</td><td>9</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td></td><td>2</td><td>8</td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td>2</td><td>0</td></tr></table>	M	M	M	0	9		D	D	D		2	8	Y	Y	Y	Y	Y	Y					2	0
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Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>290.53</td></tr></table>												290.53
					290.53								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>4604.57</td></tr></table>												4604.57
					4604.57								

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Parise, Joanne, , ,

[Electronically Filed]

Date

M	M	M
1	0	

/

D	D	D
	1	3

/

Y	Y	Y	Y	Y	Y
				2	0

Signature